

EXHIBIT 5

SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES

Calendar Year 2020

1. ESTABLISHMENT INFORMATION	2. EMPLOYMENT INFORMATION
EMS Division 1/Manhattan	Average Number of Employees <div style="text-align: center;"><u>50</u></div> Total Hours worked By All Employees Last year <div style="text-align: center;"><u>97445</u></div>
PIER 36 PO BOX 365	
MANHATTAN NY 10002	
FIRE DEPARTMENT	
922160	

3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESS TYPE:
DEATHS <input type="text" value="0"/>	AWAY FROM <input type="text" value="241"/>	INJURIES <input type="text" value="6"/>
DAY AWAY FROM WORK <input type="text" value="6"/>		SKIN DISORDERS <input type="text" value="0"/>
JOB TRANSFER OR RESTRICTION <input type="text" value="0"/>	JOB TRANSFER OR RESTRICTION <input type="text" value="0"/>	RESPIRATORY CONDITIONS <input type="text" value="0"/>
OTHER RECORD-ABLE CASES <input type="text" value="0"/>		POISONINGS <input type="text" value="0"/>
		HEARING LOSS <input type="text" value="0"/>
		ALL OTHER ILLNESSES <input type="text" value="0"/>

6. CERTIFICATION

I certify that I have examined this document and that to the best of my knowledge the entries are true,

SIGNATURE


TITLE Chief Medical OfficerPRINT NAME David Prezant, MDDATE 02/11/2021